



**Medication Form/Field Trip Permission Form**

**Parental Request to have Prescription Medication/Treatment Administration in School or on Field Trip**

If it is necessary for your child to receive medication during the school day, please do the following:

- Send in medication to school with a responsible individual if you are unable to take it to school. If the medication is controlled, it must be dropped off by an adult (18yrs or older).
- Send the medication in the original container, properly labeled with pharmacy prescription label, stating correct **Name**, **Time of Dose**, and **Date of administration**.
- Count the tablets with the nurse in office.
- Fill out the following information and sign.

Today's Date: \_\_\_\_\_

Student's Name and Room Number: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose Amount: \_\_\_\_\_ Time of Dose: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Number of Tablets/Liquid brought in: \_\_\_\_\_

*I am aware the school nurse may have a need to contact the prescribing healthcare provider or pharmacist relative to medication/treatment and I give my permission.*

\*\*\*I also give permission for my child to receive this medication when taken off school premises for field trips and other activities. I understand that a trained staff member will **assist** my child with medications when given off school premises (unless specified by the nurse).

Parent/Guardian Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Number of Tablets/Liquid received: \_\_\_\_\_

\*Refills received documented on back of page\*

GATEWAY LAB SCHOOL

DATE REFILL RECEIVED	AMOUNT OF TABLET/LIQUID RECEIVED	PARENT SIGNATURE	NURSE SIGNATURE

**Circle End of Year or End of Prescription Preference:**

*At end of school year or end of prescription, I give permission for remaining medication to be sent home with my child in his/her backpack OR I will pick up my child's medication directly from nurses' office.*

*\*All controlled medications are required to be picked up from nurse.\**

Parent/Guardian Signature: \_\_\_\_\_